

Kentucky Diabetes Connection



The Communication Tool for Kentucky Diabetes News

AACE

American Association of
Clinical Endocrinologists
Ohio River Regional Chapter

ADA

American Diabetes
Association

DECA

Diabetes Educators
Cincinnati Area

GLADE

Greater Louisville Association
of Diabetes Educators

JDRF

Juvenile Diabetes Research
Foundation International

KADE

Kentucky Association of
Diabetes Educators

KEC

Kentuckiana Endocrine Club

KDN

Kentucky Diabetes
Network, Inc.

KDPCP

Kentucky Diabetes Prevention
and Control Program

TRADE

Tri-State Association of
Diabetes Educators

A Message from Kentucky Diabetes Partners

WORLD DIABETES DAY CELEBRATED THROUGHOUT KENTUCKY

From statewide diabetes symposiums, to Kentucky Diabetes Network meetings, to newspaper articles, and diabetes proclamations, **WORLD DIABETES DAY** was celebrated across the Commonwealth.



Over 100 Kentucky Diabetes Network (KDN) members celebrate World Diabetes Day at their November 7th meeting held in Louisville at Masterson's Restaurant



William Polonsky, PhD, CDE, addresses the audience at the 2008 Kentucky Diabetes Symposium held November 21st in Shepherdsville in recognition of World Diabetes Day



Baretta Casey, MD, Chair of the Kentucky Diabetes Research Board, addresses attendees of the 2008 Kentucky Diabetes Symposium regarding research board grants recently distributed



Sathya Krishnasamy, MD, Endocrinologist with the University of Louisville, discusses diabetes in her native India during KDN's November celebration of World Diabetes Day



Lara Fakunle, MD, Endocrinologist with Endocrine Associates in Louisville, discusses diabetes in her native Africa during KDN's November celebration of World Diabetes Day



261 professionals attended the 2008 Kentucky Diabetes Symposium held in Shepherdsville on November 21st in recognition of World Diabetes Day

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NEW PHYSICAL ACTIVITY GUIDELINES FOR AMERICANS P.11

AND MORE....

WORLD DIABETES DAY ACTIVITIES ACROSS THE COMMONWEALTH



Guest Speaker, Dr. Charles Hardin, Jr. with Nolan Hall, Radio Emcee at Magoffin County World Diabetes Day event



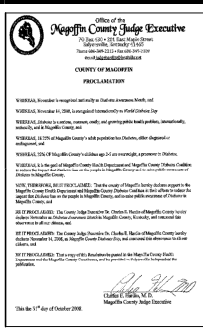
Lake Cumberland area had numerous proclamations signed in recognition of World Diabetes Day



Magoffin County Coalition members conducted community events in recognition of World Diabetes Day



Magoffin County Proclamation signed by County Judge Executive in Recognition of World Diabetes Day



Lake Cumberland area published several county newspaper articles in recognition of World Diabetes Day



2008 KENTUCKY STATEWIDE DIABETES SYMPOSIUM HELD IN RECOGNITION OF WORLD DIABETES DAY

Submitted by: Amy Wheatley, RN, CDE, Kentucky Diabetes Prevention and Control Program of the Lincoln Trail District Health Department, GLADE and KDN member

The second annual Kentucky Statewide Diabetes Symposium in recognition of World Diabetes Day was held on November 21, 2008 at the Paroquet Springs Conference Center in Shepherdsville, Kentucky. This second annual collaborative diabetes seminar was attended by healthcare professionals in many different practice areas from Kentucky, Ohio, Indiana, Illinois and Tennessee. The 261 participants, including 26 exhibitors, enjoyed a day filled with exceptional, dynamic speakers with topics ranging from behavior change to inpatient hospital guidelines for glucose management. Participants were also given the opportunity to learn more about kidney disease and diabetes as well as how medical diabetes regimens affect heart disease.

Of course, without the collaboration and support of many

individuals and organizations, this symposium would not be possible. The planning committee, with representatives from the Diabetes Educators of Cincinnati Area (DECA), Greater Louisville Area Diabetes Educators (GLADE), Kentucky Association of Diabetes Educators (KADE), Kentucky Diabetes Network (KDN), Kentucky Diabetes Prevention & Control Program (KDPCP) and Tri-State Association of Diabetes Educators (TRADE), would like to thank the following companies since their giving of resources made the 2008 Kentucky Statewide Diabetes Symposium a success. Sponsors included: Bayer Healthcare, CCS Medical, Eli Lilly & Company, LifeScan Inc., Novo Nordisk, Roche Diagnostics and Sanofi-Aventis.

Planning for the 2009 Kentucky Statewide Diabetes Symposium is already underway. We invite anyone interested in joining the planning committee to contact Janice.haile@ky.gov or Amys.wheatley@ky.gov with the Kentucky Diabetes Prevention & Control Program.

MEDICAL UPDATES IN DIABETES

NEW COLUMN OFFERED

NOTE: A new column in this newsletter called, *Medical Updates in Diabetes*, will now be offered regularly thanks to Stephen Pohl, an endocrinologist, from Lexington, KY and a member of the Professional Education Workgroup of the Kentucky Diabetes Network (KDN).

NEW GUIDELINES FOR MEDICAL MANAGEMENT OF HYPERGLYCEMIA IN TYPE 2 DIABETES



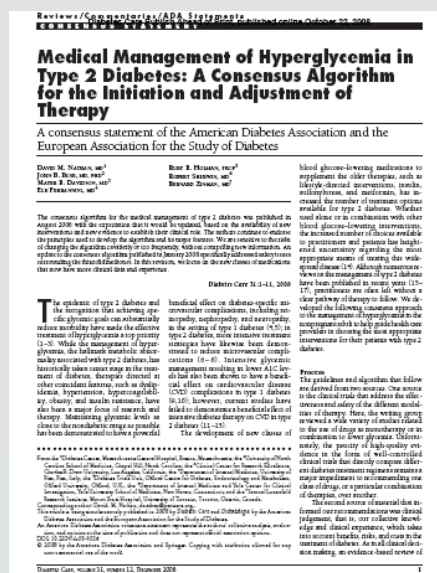
*Submitted by
Stephen Pohl,
Endocrinologist,
Lexington, KY, KDN
and AACE member*

The American Diabetes Association (ADA) and the European Association for the Study of Diabetes have just

published a consensus statement regarding the treatment of type 2 diabetes. This is an update of the statement published by the ADA in 2006. The centerpiece of the statement is an algorithm for selection of therapies and is simpler than the previous algorithm. It is available on the internet at <http://care.diabetesjournals.org/cgi/reprint/dc08-9025v1> and will be published in *Diabetes Care* and elsewhere during the next few months. The statement contains lots of useful background information and analyses and is well worth reading.

According to the algorithm, tier 1 treatment consists of lifestyle intervention plus metformin followed by addition of either a sulfonylurea or insulin. If tier 1 treatment is unsatisfactory, then we may consider using the tier 2, "less well validated", medications, exenatide or pioglitazone, in combination with one or more of the tier 1 drugs. "Rosiglitazone is not recommended". The "other therapy" drugs, α -glucosidase inhibitors, glinides, pramlintide, and DPP-4 inhibitors, are not in the algorithm but "may be appropriate choices in selected patients".

The new consensus statement contains several very



<http://care.diabetesjournals.org/cgi/reprint/dc08-9025v1>

interesting points, two of which I would like to highlight. First, it states that the main goal for treatment of hyperglycemia should be to maintain A1c <7%, the target recommended by the ADA since 1993. In recent years, the American Association of Clinical Endocrinologists

(AACE) and the International Diabetes Federation (IDF) have advocated an A1c target <6.5% and the ADA has suggested <6% for selected patients. Three large clinical trials published during 2008, however, showed disappointing results regarding prevention of cardiovascular outcomes with the more stringent targets. The current status of this issue is that maintaining A1c below 7% nearly eliminates the risk of developing microvascular complications of diabetes, can be achieved by most patients, and is safe. The pros and cons of further lowering of A1c remain debatable.

Another interesting feature of the new consensus statement is that the tier 1 pharmacological agents – metformin, sulfonylureas, and insulin – have been available for several decades. The authors have assigned tier 2 or "other therapy" status to all of the newer agents. In addition, they emphasize early use of insulin. Several authors have pointed out recently that three years or more may elapse between worsening of hyperglycemia and initiation of insulin therapy.

Finally, I would like to emphasize that the consensus statement is the collective opinion of seven experts. It does not carry the weight of irrefutable scientific evidence. I consider it to be one factor to use in helping each individual patient decide on the most appropriate treatment plan for him or herself.

DIABETES RELATED QUESTIONS FROM SCHOOL NURSES ANSWERED

Submitted by: Sharon Mercer, Kentucky Board of Nursing, Louisville, KY

Article reprinted from *KB Nursing Connection*, Fall 2008, Edition 17, with permission by the Kentucky Board of Nursing (KBN)

Frequently Asked Questions from School Nurses

With the start of the new school year, KBN has received many inquiries related to scope of practice of the nurse in the school setting. Below are some of the most often asked questions:

Q. Where can I find nursing regulations, laws, and opinion statements related to nursing practice in the schools?

A. All of these can be found on the KBN website. Go to <http://kbn.ky.gov/laws/> for the laws and regulations; and go to <http://kbn.ky.gov/practice/aosindex.htm> for the advisory opinion statements. Please note that you need to scroll down to Chapter 20 when you access the administrative regulations.

The advisory opinion statements that are of particular interest to school nurses are AOS #15, Roles of Nurses in the Supervision and Delegation of Nursing Acts to Unlicensed Personnel, and AOS #30, School Nursing Practice.

Q. Can a nurse delegate the injection of insulin to an unlicensed person?

A. This is addressed in Advisory Opinion Statement #15, which states in part: As stated in KRS 314.011 (6)(c) and (10)(c), the administration of medication is within the practice of nursing. The administration of medication to patients in health care facilities is both the responsibility of nurses and an integral part of the nursing care rendered to patients. Medication may also be administered to patients in health care facilities by physicians or other health care professionals who have statutory authority to administer medications. In Kentucky, personnel known as medication aides or similar titles may function by administering oral and topical medication in long-term care facilities only through delegation by and under the supervision of a registered nurse or licensed practical nurse. Unlicensed personnel who function as medication aides must have successfully completed the state approved course for administration of medication as defined in the administrative regulations issued by the Cabinet for Health and Family Services, Office of the Inspector General.

The following acts related to the administration of

medications should not be delegated to unlicensed personnel: a) Conversion or calculation of drug dosage; b) administration of medications via any injectable route.²

² For intervention in a life-threatening situation, a registered nurse may teach and delegate to non-nurse school employees the preparation and administration of injectable glucagons, epinephrine hydrochloride (using an administration system such as "EpiPen") and diazepam suppository.

The medications would be given according to written established policies and procedures of the school system.

Q. Can a nurse adjust the insulin dose based on an order from the parent?

A. Kentucky Nursing Laws, KRS 314.011(6)(c) states in part: (6) "Registered nursing practice" means the performance of acts requiring substantial specialized knowledge, judgment, and nursing skill based upon the principles of psychological, biological, physical, and social sciences in the application of the nursing process in: (c) The administration of medication and treatment as prescribed by a physician, physician assistant, dentist, or advanced registered nurse practitioner.

In February 2008, the Kentucky Board of Nursing issued an advisory opinion on this subject. Based upon KRS 314.011(6) (c), the nurse must administer a medication as prescribed by a physician, physician assistant, dentist or advanced registered nurse practitioner. Medication dosages or changes in dosages written by the parent and presented to the school nurse for medication administration by the nurse must be verified by the prescribing practitioner.

Q. Can a nurse delegate carbohydrate counting to an unlicensed person?

A. Unlicensed personnel may report the amount of the food eaten to the nurse. The nurse would calculate the carbs and insulin dose. AOS #15 states in part: The following acts related to the administration of medications should not be delegated to unlicensed personnel: a) Conversion or calculation of drug dosage; b) Administration of medications via any injectable route.

Q. Can a nurse accept a DNR (Do Not Resuscitate) order from a parent?

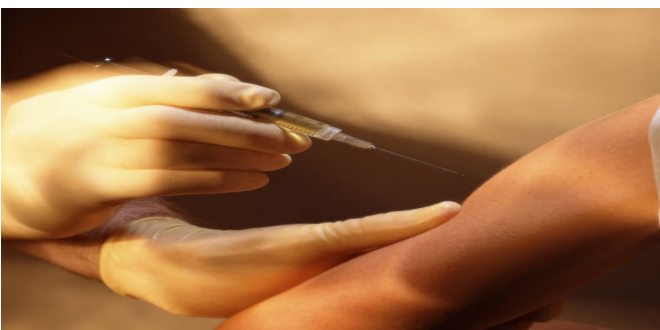
A. The nurse must know the school policy related to this. If the school does accept these orders, then the nurse must have a written order from the student's physician.

CALIFORNIA SUPREME COURT RULES ONLY LICENSED NURSES CAN GIVE INSULIN SHOTS IN SCHOOLS

Source: Center for Health and Health Care in Schools (CHHCS), School of Public Health and Health Services, The George Washington University, Washington, DC, 20037, (202) 466-3396, www.healthinschools.org

A few weeks ago, the California Supreme Court ruled in favor of the California School Nurses Association and others by overturning the state Department of Education's 2007 advisory regarding insulin administration. Judge Lloyd Connelly ruled the advisory, designed to alleviate nursing shortages in public schools by permitting trained, but unlicensed staff to administer insulin shots when a nurse or parent was unavailable, violated the state's Nursing Practice Act. Judge Connelly further stated Federal law did not preempt state law in this case and that the state Department of Education cannot authorize the administration of medications on its own. Representatives from nurse advocacy organizations lauded the decision for upholding regulations on the scope of medication administration by licensed personnel and noted that California public schools will likely need to hire more nurses.

For more information, please visit
<http://nursingworld.org/FunctionalMenuCategories/MediaResources/PressReleases/2008PR/ANA-CA-School-Nurse-Insulin-Win.aspx>



UPDATE:

Kentucky Board of Nursing Task Force Continues to Meet Regarding Delegation of Injectable Medications

According to Sharon Mercer, Kentucky Board of Nursing Practice Consultant, the Task Force regarding the delegation of injectable medications (such as insulin in Kentucky schools) continues to meet. Sharon noted the latest *Unlicensed Assistive Personnel (UAP)* report went to the Board of Nursing for acceptance on 12-11-08. Once the Board accepts it, it will be available for public viewing.

Diabetes Day At the Capitol MARK YOUR CALENDAR FOR FEBRUARY 12TH!

Submitted by: Greg Lawther, Kentucky Diabetes Network
Advocacy Chair, Frankfort, KY

Diabetes Day at the Capitol is an annual event that has been held at the state capitol since 1998. This event is attended by legislators, diabetes advocates, diabetes educators, people with diabetes, and other people with an interest in diabetes. The event is an opportunity for us to educate our legislators, as well as publically recognize those who have made an impact on diabetes prevention and control in the past.

The day will begin with breakfast and advocacy training for attendees who will then visit legislators one-on-one and distribute "*Diabetes in Kentucky*" fact sheets and other educational information. This year's event is on February 12, 2009, from approximately 8:30 am to 3:00pm in the Capitol Annex Building behind the State Capitol Building.

Please join us at this important event to talk with your legislators about diabetes needs in Kentucky. For more information, please contact Mary Tim Griffin at mary.griffin@ky.gov.





**Kentuckiana
Health Alliance**
Quality Improvement Consortium (KHQA-CI)

2008 DIABETES REPORT NOW AVAILABLE FOR KENTUCKY PHYSICIANS / PROVIDERS

Submitted by Randa Deaton, Co-Director, UAW/ Ford Community Healthcare Initiative, Louisville, Kentucky
www.kentuckianahealthalliance.org PH: 502-238-3601 FAX: 502-238-3606

The **Kentucky Health Quality Agenda (KHQA)** is pleased to announce the release of the *2008 KHQA Consolidated Measurement Report*. This report is being sent to healthcare providers in Kentucky to provide feedback on the quality of care their patients received in diabetes on selected measures. **Anthem, Humana, and Passport Health** provided administrative data for this confidential report. All measures use criteria established by Healthcare Effectiveness and Data Information Set (HEDIS). However, this report used administrative data only. No chart review was conducted, although the national statistics provided did include chart review and therefore is not a true comparison. Individual provider data was NOT publicly shared.

These comprehensive physician feedback reports allow physicians and providers to privately compare their data to a regional average and benchmark. The consolidated data did not include patient identifiers and complied with the protocol of the Health Insurance Portability and Accountability Act (HIPAA). Only aggregate community-level data will be made available to the public.

Diabetes Measures for Consolidated Measurement Report (for complete data visit, <http://www.kentuckianahealthalliance.org/documents/KHQAStatewideReport.pdf>)

Eligible Population: Members Ages 18-75 with Type 1 or Type 2 diabetes

Measures: One or more of the following tests performed during the measurement year

HbA1c Tested: An HbA1c test performed in the measurement year

Eye Exam Performed: An eye screening for diabetic retinal disease. This includes diabetics who had a retinal or dilated eye exam by an eye care professional in the measurement year or a negative retinal exam in the previous year.

LDL-C Screening: An LDL-C test performed in the measurement year

Nephropathy Monitored: A nephropathy screening test or evidence of nephropathy in the measurement year.

Below is the aggregate data report for Diabetes HEDIS measures in Kentucky. For more information, visit www.kentuckianahealthalliance.org or contact Randa Deaton at rdeaton@ford.com.

Diabetes Measures	Kentucky ¹ Claims Data Only			Kentucky Benchmark ² Claims Data Only			2007 HEDIS Trends ³ Claims Data Plus Chart Reviews		
	Den	Num	Rate	Den	Num	Rate	Commercial	Medicare	Medicaid
HbA1c Tested	27,039	22,995	85%	2,733	2,699	99%	88%	88%	77%
LDL-C Screening Performed	27,039	22,208	82%	2,720	2,685	99%	84%	86%	71%
Eye Exam (retinal) Performed	27,039	9,999	37%	2,707	1,748	65%	55%	63%	50%
Nephropathy Monitored	27,039	19,025	70%	2,737	2,658	97%	81%	86%	74%

Notes:

1. Measures reflect overall performance of all providers in the state of Kentucky as available from the participating plans' administrative data.
2. Benchmark is an average rate for the top-ranked providers in Kentucky whose patients together account for 10% of the total population in this report with respect to each measure.
3. "The State of Health Care Quality 2008" National Committee for Quality Assurance.

NEW WEB SITE OFFERS KENTUCKIANS RESOURCES FOR IMPROVING HEALTH COVERAGE



Submitted by: Patrick S. Jeffreys, Project Director, Kentucky Voices for Health, 502-299-8883

A statewide health advocacy organization has launched a new web site aimed at providing “must have” resources for Kentuckians interested in improving health coverage.

The Kentucky Voices for Health site, www.kyvoicesforhealth.org, offers a number of features designed to help Kentuckians learn about health coverage issues and get involved in changing the policies that affect those issues. Highlights of the site include:

- **Recent news** concerning developments in health policy and coverage in Kentucky
- **Policy briefs** about health coverage issues
- **Resources** for parents searching for health coverage for children and families
- **Data and research** that provide facts and figures about health care in Kentucky
- An **advocates toolkit** for citizens interested in getting involved to change health policy
- **Online surveys** about pressing health issues
- A **calendar** of health-related events in Kentucky
- A **blog** where contributors discuss issues of the day relating to health coverage
- A **discussion forum** where Kentuckians can make their voices heard and exchange ideas about improving health coverage in the Commonwealth

“This web site offers Kentuckians an exciting new opportunity to learn about proposals to increase the number of people with health coverage,” said coalition member Sheila Schuster, PhD, director of the Advocacy Action Network. “The site also provides the advocacy tools they need to help turn these ideas into reality.”

Kentucky Voices for Health, a broad coalition of health advocates working to improve health and health coverage, was formed in early 2008 with grant support from the Public Welfare Foundation to the Foundation for a Healthy Kentucky. The coalition’s policy initiatives for 2008-2009 are:

- Significantly increasing the tobacco tax, with a

substantial portion of the increased revenue dedicated to improving health coverage and funding smoking prevention and cessation programs.

- Increasing the participation of Kentucky children and families in public sector health coverage by
 1. Simplifying enrollment procedures and increasing outreach to the 62,500 children eligible for, but not currently enrolled in, the Kentucky Children’s Health Insurance Program (KCHIP) or Medicaid.
 2. Allowing working parents with incomes at or below 100 percent of the federal poverty level to obtain health coverage through Medicaid.
- Increasing private sector health coverage for young adults by monitoring the effect of 2008 legislation requiring insurance companies to offer coverage under family policies for dependent children up to age 25 and supporting other effective strategies for expanding coverage to that age group.

“Kentuckians who want to learn more about these initiatives can find detailed issue briefs on our new web site, starting with papers on the tobacco tax and KCHIP,” said coalition member Rich Seckel, executive director of the Kentucky Equal Justice Center. “There’s also a lot of really practical information for people seeking coverage, and the site gives them the ability to share ideas with knowledgeable advocates through our discussion forums.”

The policy initiatives advocated by Kentucky Voices for Health have been endorsed by representatives of 36 Kentucky organizations to date, said Patrick S. Jeffreys, Kentucky Voices for Health project manager.

“We are in the process of identifying and engaging supporting organizations and local leaders across the state,” Jeffreys said. “Kentuckians are invited to join our advocacy efforts by visiting our new web site and signing the form under the [get involved](#) link.” The site also provides the opportunity to sign up for e-mail updates and alerts and for organizations to endorse the Kentucky Voices for Health 2008-2009 initiatives.

The leadership team of Kentucky Voices for Health is composed of representatives from 12 statewide organizations: AARP Kentucky, Advocacy Action Network, American Cancer Society, American Heart Association, American Lung Association, Catholic Conference of Kentucky, Covering Kentucky Kids and Families, Kentucky Child Now, Kentucky Council of Churches, Kentucky Equal Justice Center, Kentucky Youth Advocates, and the Kentucky Injury Prevention and Research Center.

Submitted by Anne Ries MS, RD, CDE, Renal Nutritionist, University of Louisville, KDN and GLADE member

The University of Louisville's Institute of Molecular Cardiology will receive \$11.6 million from the National Institutes of Health (NIH) to establish a center of excellence in diabetes and obesity research. The Center of Biomedical Research Excellence (COBRE) grant will provide five years of support. The grant is designed to give talented young scientists an opportunity to produce initial data in new fields of study so that they may quickly seek individual federal research grants.

"This is UofL's third multi-million dollar COBRE grant since July 1 in a highly competitive NIH funding environment," said UofL President James Ramsey.

"Diabetes and obesity are epidemic in Kentucky and closely related to our high level of cardiovascular disease. With this grant, we will ask the Board of Trustees to authorize us to establish a center of excellence to help us fight this deadly trio of health problems," he added.

The grant will help build and develop a multidisciplinary research center focused on diabetes and obesity to better understand how they contribute to chronic inflammation and

an increased risk of heart disease, according to Aruni Bhatnagar, principal investigator on the grant. The center will build upon existing research capabilities and core facilities to provide state-of-the-art infrastructure support that research.



**Front (left to right): Yong Li and Ewa Zuba-Surma.
Back (left to right): Aruni Bhatnagar, Oleg Barski,
Roberto Bolli, and Timothy O'Toole**

"Scientists are becoming more aware that diabetes and obesity result in chronic low-grade inflammation," Bhatnagar said. "Heart disease is the leading cause of death in diabetics, yet we do not know exactly why and how diabetes leads to heart disease and how this could be prevented or treated," he said.

The grant will allow the team to investigate "how inflammation plays a role in all three of these disorders and contributes to diabetic heart disease," said Roberto Bolli, Institute of Molecular Cardiology director, and co-principal investigator and scientific mentor on the grant.

In addition to Bolli and Bhatnagar, team members are Yong Li, Ewa Zuba-Surma, Oleg Barski, Timothy O'Toole and Rosalinda Madonna. "I am extremely proud of this team," Bolli said. This grant brings the Institute of Molecular Cardiology's NIH research funding total to more than \$51.4 million over the past decade.

U OF L AND UK SCIENTISTS RECEIVE FUNDING FROM KY DIABETES RESEARCH BOARD

Submitted by Anne Ries MS, RD, CDE, Renal Nutritionist, University of Louisville, KDN and GLADE member

Six University of Louisville researchers have received grants of \$50,000 each from the Kentucky Diabetes Research Board. The grants will help fund projects that range from more fully understanding the cause of disease to testing new treatments and conducting clinical research involving patients. Ongoing projects that will benefit from the funding include:

- basic research by immunologist Pascale Alard examining how the body's inflammatory response seems to fuel development of childhood (type 1) diabetes
- preclinical tests by kidney disease researcher David Powell to determine if a hormone related to insulin will improve kidney function in diabetic mice.
- preclinical tests by immunologist Haval Shirwan to make pancreatic cell transplants possible for type 1 diabetes without the need for drugs to prevent rejection

- preclinical tests by immunologist Esma Yolcu to stop the immune system malfunction related to hereditary type 1 diabetes through safer bone marrow transplants
- clinical tests by forensic toxicologist Saeed Jortani to evaluate a new test for earlier detection of type 2 diabetes
- clinical tests by molecular biologist Shirish Barve to examine the relationship between the body's inflammatory processes and serious diabetic complications such as eye disease, kidney disease and coronary artery disease.

Five additional research projects were funded at the University of Kentucky.

The Kentucky General Assembly created the KY Diabetes Research Board to administer the Kentucky Diabetes Trust Fund. Kentucky State Reps. Bob DeWeese and Mary Lou Marzian sponsored the bills that created the trust fund and board and modeled them after the successful Kentucky Spinal Cord and Head Injury Research Trust.

NATIONAL INSTITUTE OF HEALTH (NIH) GIVES MORE THAN \$1 MILLION FOR DIABETES RESEARCH

*Submitted by Anne Ries MS, RD, CDE, Renal Nutritionist,
University of Louisville, KDN and GLADE member*

Researchers at Louisville's Cardiovascular Innovation Institute (CII) have received a grant from the National Institutes of Health for more than \$1.25 million to study a new way to fight diabetes and cardiovascular disease.

The research team, led by Stuart Williams, CII's scientific director and a professor at the University of Louisville, is trying to find a viable way to transplant insulin-producing pancreatic cells into patients with diabetes.

The cells would help people with diabetes manage blood sugar, an important factor for their overall health maintenance. These people are especially susceptible to heart problems. Two out of three people with diabetes die of cardiovascular disease.

"We are using new biomaterials and tissue engineering approaches to make it possible for doctors to transplant pancreatic islet cells — the cells that produce insulin," Williams said.

The CII team is wrapping the pancreatic cells in a biomaterial that protects them from attack by the transplant recipient's immune system. Such attack is one of the main potential problems associated with transplants and leads to the body's "rejection" of the new tissue. The biomaterial is engineered specifically to allow glucose and insulin to pass through it so the cells continue to work.

The team also is trying to figure out a way to make sure the cells have enough blood supply to live. It has developed a way to use engineered tissue to "pre-build" a functioning blood supply. This will allow the cells to go to work quickly once they are transplanted.

"You could compare it to the way that a landscape architect designs an irrigation system before transplanting all of the new plants to an area," Williams said. "Once you get the plants in, you're ready to turn on the water."

The Cardiovascular Innovation Institute is operated in partnership by UofL, Jewish Hospital and the Kentucky Department of Commercialization and Innovation.

KENTUCKY DIABETES RESEARCH BOARD (KDRB) DISTRIBUTE RESEARCH GRANTS

Public health research to prevent diabetes

Investigator: Bruckner, G. (UK)

"Developing Health Sciences Students to Be Health Navigators for Diabetes Prevention" (methods to train health care associates).

Investigator: Perman, Jay A. (UK)

"Academic-Community Coalition for a School-based Obesity Prevention/Treatment Program" (school-based methods to prevent childhood obesity).

Basic research to understand what causes diabetes

Investigator: Alard, P. (UofL)

"Beta-catenin as a potential new target to prevent and/or treat type 1 diabetes" (molecular events leading to type 1 diabetes).

Investigator: Bruemmer, DC (UK)

"Telomeres in Obesity and Diabetes" (molecular events leading to type 2 diabetes).

Investigator: Chi (UK)

"Identification of HNF1 α and HNF4 α -mediated regulators of insulin secretion in beta-cells" (molecular events leading to type 2 diabetes).

Investigator: Guo, Zhenheng (UK)

"A novel mechanism by which type 2 diabetes promotes restenosis" (molecular events leading to type 2 diabetes).

Pre-clinical research to develop new therapies for diabetes

Investigator: Powell, D.W. (UofL)

"Assessment of renal effect of relaxin treatment in OVE26 diabetic mice" (treatment for diabetic nephropathy).

Investigator: Shirwan, H. (UofL)

"Engineering pancreatic islets for the treatment of type 1 diabetes" (cell-based treatment for type 1 diabetes).

Investigator: Yolcu, E. (UofL)

"Expanding T regulatory cells as a means of establishing mixed chimerism for the prevention and treatment of type 1 diabetes" (cell-based treatment for type 1 diabetes).

Clinical research

Investigator: Jortan, S.A. (UofL)

"Adiponectin Receptor Fragment as a New Biomarker for Type 2 Diabetes" (biomarker in patient samples to detect early stages of type 2 diabetes).

Investigator: Barve, S. (UofL)

"Diabetic condition and regulation of inflammatory cytokines" (basic/clinical research using cell-lines and patient samples to study the inflammatory causes of diabetes).

SAINT JOSEPH CELEBRATES EXPANSION OF DIABETES AND NUTRITION CENTERS

IN BEREA AND NICHOLASVILLE

Submitted by: Karen McKnight, RD, LD, Saint Joseph Diabetes Center, Lexington, KY, KDN and KADE member

In January, 2009, the Saint Joseph Diabetes and Nutrition Center will expand to its fifth location in the new RJ Corman Ambulatory Care Center in Nicholasville. The new ambulatory care center, located at 1250 Keene Road will hold an Open House on December 18th from 5:30 to 8:30 pm. The official facility opening is January 2, 2009.

In addition, on July 23, 2008, Saint Joseph's held an Open House at its new Diabetes and Nutrition Center in Berea. The Berea facility, located on the fourth floor of Saint Joseph Berea (formerly Berea Hospital), serves as a community health resource center and houses an **ADA Recognized** diabetes self-management training program as well as an office for the Saint Joseph Appalachian Outreach Program.

The Jessamine and Berea centers are two of five Saint Joseph locations throughout Central and Eastern Kentucky providing diabetes self-management training. The other three locations are Saint Joseph Hospital and Saint Joseph East in Lexington, and Saint Joseph Mt. Sterling.

Saint Joseph Diabetes and Nutrition Center, formerly called "Saint Joseph Diabetes Treatment Center" has provided diabetes education and care to people in the Lexington community since 1999. With the recent formation of Saint Joseph Health System in January 2008, the center began looking at ways to expand its services to the new market areas within the system, which include Berea, Mount Sterling, London, Martin and Bardstown. The center's name was changed to more appropriately encompass its growing nutrition education and consultation service.

The Saint Joseph Diabetes and Nutrition Center, staffed by Certified Diabetes Educators (CDE's), dietitians and registered nurses, provide education and support



Kelli Henderson, RN, demonstrates the InTouch robot used during the Berea Open House. She spoke to attendees from the Lexington office.

in the outpatient centers. They also provide inpatient survival skill training and lead initiatives to improve glycemic control among hospitalized patients. These initiatives include developing and implementing standing orders and protocols, providing education and coaching for patient care staff, and collaborating with physicians to improve hospital outcomes.

The staff uses telehealth equipment including the InTouch® robot to provide consultation for patients and staff at all Saint Joseph Health System facilities. McKnight said, "With this new technology, we are able to lend our expertise to locations where it is sorely needed but not readily available."

"As we grow, we want to give back even more to our communities," McKnight said. "Our outreach efforts are a big part of our mission. We want to open people's eyes to the facts about diabetes, empower people who have diabetes to take charge of their health, and support them all along the way."



Carla Switzer from Abbott talks with a member of the Saint Joseph Berea Auxiliary.



Lisa Edwards (right), the American Diabetes Association, speaks with a visitor at the Berea Open House.

U.S. DEPARTMENT OF HEALTH & HUMAN SERVICE ANNOUNCES PHYSICAL ACTIVITY GUIDELINES FOR AMERICANS

Submitted by: Amy Wheatley RN, CDE, Kentucky Diabetes Prevention and Control Program of the Lincoln Trail District Health Department, KDN and GLADE member

Adults gain substantial health benefits from two and a half hours a week of moderate aerobic physical activity, and children benefit from an hour or more of physical activity a day, according to the new Physical Activity Guidelines for Americans. The comprehensive set of recommendations for people of all ages and physical conditions was released in October by the U.S. Department of Health and Human Services.

The Physical Activity Guidelines for Americans are the most comprehensive of their kind. They are based on the first thorough review of scientific research about physical activity and health in more than a decade.

Key Guidelines:

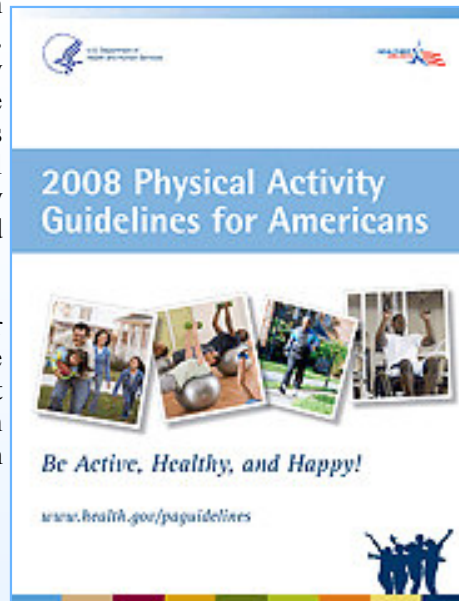
Children and Adolescents

One hour or more of moderate or vigorous aerobic physical activity a day, including vigorous intensity physical activity at least three days a week. Examples of moderate intensity aerobic activities include hiking, skateboarding, bicycle riding and brisk walking. Vigorous intensity aerobic activities include bicycle riding, jumping rope, running and sports such as soccer, basketball and ice or field hockey. Children and adolescents should incorporate muscle-strengthening activities, such as rope climbing, sit-ups, and tug-of-war, three days a week. Bone-strengthening activities, such as jumping rope, running and skipping, are recommended three days a week.

Adults

Adults gain substantial health benefits from two and one half hours a week of moderate intensity aerobic physical activity, or one hour and 15 minutes of vigorous physical activity. Walking briskly, water aerobics, ballroom dancing and general gardening are examples of moderate intensity aerobic activities. Vigorous intensity aerobic activities include racewalking, jogging or running, swimming laps, jumping rope and hiking uphill or with a heavy backpack. Aerobic activity should be performed in episodes of at least 10 minutes. For more extensive health benefits, adults should increase their aerobic physical activity to five hours a week moderate-

intensity or two and one half hours a week of vigorous-intensity aerobic physical activity. Adults should incorporate muscle strengthening activities, such as weight training, push-ups, sit-ups and carrying heavy loads or heavy gardening, at least two days a week.



Older Adults

Older adults should follow the guidelines for other adults when it is within their physical capacity. If a chronic condition prohibits their ability to follow those guidelines, they should be as physically active as their abilities and conditions allow. If they are at risk of falling, they should also do exercises that maintain or improve balance.

Women During Pregnancy

Healthy women should get at least two and one half hours of moderate-intensity aerobic activity a week during pregnancy and the time after delivery, preferably spread through the week. Pregnant women who habitually engage in vigorous aerobic activity or who are highly active can continue during pregnancy and the time after delivery, provided they remain healthy and discuss with their health care provider how and when activity should be adjusted over time.

Adults with Disabilities

Those who are able should get at least two and one half hours of moderate aerobic activity a week, or one hour and 15 minutes of vigorous aerobic activity a week. They should incorporate muscle-strengthening activities involving all major muscle groups two or more days a week. When they are not able to meet the guidelines, they should engage in regular physical activity according to their abilities and should avoid inactivity.

People with Chronic Medical Conditions

Adults with chronic conditions get important health benefits from regular physical activity. They should do so with the guidance of a health care provider.

For more information about the "Physical Activity Guidelines for Americans," visit www.hhs.gov or www.health.gov/paguidelines.

This article was taken in part from a HHS published press release on Oct 7, 2008. All HHS press releases, fact sheets and other press materials are available at <http://www.hhs.gov/news>.

LAKE CUMBERLAND HEALTH EXPO HELD OCTOBER 30TH

OVER 325 ATTEND

Submitted by: Jamie Lee, RN, Diabetes Educator, Kentucky Diabetes Prevention and Control Program, Lake Cumberland District, Health Department, KDN member

The third annual Lake Cumberland Health Expo was held on October 30th and focused on diabetes prevention and control. Over 325 attendees took advantage of the opportunity to listen to guest speakers and gather important health information. In addition, participants visited over 50 booths representing a wide variety of community and health related services. The special guest speaker at lunch proved to be the highlight of the day -- Dr. Rick Miles (aka Dr. Elvis) thrilled the crowd with his rendition of *"Is Your Glucose Too High?"* to the tune of *"Are You Lonesome Tonight?"* Dr. Miles then spoke to the crowd about choices that they could make not only to control diabetes but to live healthier lives. When asked about the slightly unconventional approach to teaching, Dr. Miles said, smiling, "If it has made a difference to one person, it was worth it!"

Featured morning activities for the Expo included:

- Educational classes throughout the morning:
 1. Dr. G.A. Weigel – Welcome – "10 Commandments of Good Health"
 2. Joey Maggard, American Heart Association – "Heart Healthy Living"
 3. Scott Roaden, LMT – "Managing Stress"
 4. Dr. Pamela Jensen-Stanley – "Foot Health"
 5. Vic Minton, RPh – "Medications and Diabetes"
 6. Dr. John Patton – "Obesity and Metabolic Syndrome"
 7. Dr. Rick Miles – "Is Your Glucose Too High?"
 8. Natalie True, LCDHD – Body Recall
 9. Ann Gann, A1C Champion

Afternoon activities included:

- Vendor Hall Open
- Diabetes Bingo
- Cooking demonstrations sponsored by the Pulaski County Extension Office.
- Free health screenings including:
 1. Vision screening sponsored by Somerset Lion's Club
 2. Lipid panel voucher provided by Lake Cumberland Regional Hospital
 3. BMI and Body Fat Analysis by Lake Cumberland District Health Department's Health Education Team and Intrepid Home Care
 4. Blood glucose screenings sponsored by Hometown Pharmacy
 5. Spinal screening sponsored by Burnside Chiropractic
 6. Hearing screening sponsored by Audibel
 7. Blood pressure screening sponsored by Kentucky Medicaid and Adanta

- Free breakfast served to attendees sponsored by Cracker Barrel, Family Home Health, Southern Belle, Baxter's Coffee, and Modern Vending
- Free lunch served to attendees sponsored by Subway, Quizno's, Bob Evans, Coca Cola, Intrepid Home Health, Kroger, and Pulaski Co. Cancer Coalition.
- Door prize drawings held throughout the day

Corporate partners included: Via Media, Monticello Banking, New Wave Communications, American Medical Association, Lake Cumberland Regional Hospital, Family Dollar, and Commonwealth Journal. The Lake Cumberland Health Expo would not have been possible if not for the combined efforts of the Lake Cumberland District Health Department staff, the community, and corporate partners.



Dr. Rick Miles (aka Dr. Elvis) thrilled the crowd with his rendition of "Is Your Glucose Too High?" to the tune of "Are You Lonesome Tonight?" at the third annual Lake Cumberland Health Expo



Lake Cumberland staff distribute diabetes materials to over 300 attendees at the third annual Health Expo

SIMPLY INSPIRATIONAL — KENTUCKY MAN WITH TYPE 1 DIABETES SWIMS IN WORLD CHAMPIONSHIP GAMES

Submitted by: Vasti Broadstone, MD, Endocrinologist, Joslin Diabetes Center, Floyd Memorial Hospital, New Albany, IN, KDN and AACE Member

Brad Harkleroad, 39, has made Kentucky and our diabetes community proud! Not only did he qualify to swim in the Downs Syndrome World Championship Games, held November 25 through December 4 in Portugal, he also brought home a World Championship Medal — the **“Most Spirited Swimmer Award”** given by the coaches of the U.S. Team.



Brad Harkleroad, was named “Most Spirited Swimmer” by the coaches of the U.S. World Championship Games



Brad Harkleroad, proudly displays his swimming medals from the World Championship Games

Brad is an inspiration to us all. He not only has Type 1 diabetes and Downs Syndrome but had open heart surgery and was on dialysis approximately 10 years ago. But Brad defeated the odds. He was one of 225 swimming qualifiers from 23 countries, with only 10 being from the United States, to make it to the World Championship Games. His mother, Pat, reports that Brad swam in 6 different events and although he didn't win a medal for the fastest time ----- the **Most Spirited Swimmer Award** he did receive will be cherished, and demonstrates his personable, can do attitude.

Being a swimmer since the age of 5, Brad began intensive training for the World Championship Games in May, 2008. Losing 13 pounds and getting his A1C down to 5 were a few of the benefits his mother noticed from the intensive training. She credits Dr. Sri Prakash Mokshagundam, MD, Endocrinologist, and the entire team at the Joslin Center of Floyd Memorial Hospital with helping Brad know how to adjust insulin throughout the intensive training program and the Championship Games. In fact, Brad's mother said the staff of the Joslin Center even took up a collection of money to help sponsor Brad to go to Portugal --- something Pat says she and her husband, Jack, are very grateful for.

Kentucky diabetes advocates are planning to contact the American Diabetes Association to request that they write an article about Brad and his tenacity and accomplishments in the face of adversity for the national **Diabetes Forecast** Journal so Brad's story can inspire not only Kentucky but the whole nation!

KENTUCKY'S HEALTH RANKINGS IMPROVE FROM 43RD TO 37TH

America's Health Rankings: A Call to Action for Individuals and Their Communities provides an annual state-by-state analysis of our nation's health. Kentucky's ranking improved from 43rd in 2007 to 37th in 2008. For a complete report, visit www.americashealthrankings.org.



DECA DIABETES EDUCATOR MEETINGS SCHEDULED

Diabetes Educators of the Cincinnati Area (DECA) (covers Northern Kentucky) invites anyone interested in diabetes to our programs. Please contact Susan Roszel, corresponding secretary at sroszel@fuse.net or Jana McElroy at jmcelroy@stelizabeth.com or call 859-344-2496. Meetings are held in Cincinnati.

Date: February 16, 2009
Time: 5:30 pm Registration
Business Meeting
6-7 pm Education Offering
Location: Good Samaritan Hospital
Conference Center
Topic: TBA*

Date: March 16, 2009
Time: 5:30 pm Registration
Business Meeting
6-7 pm Education Offering
Location: Good Samaritan Hospital
Conference Center
Topic: TBA*

Date: April 20, 2009
Time: 5:30 pm Registration
Business Meeting
6-7 pm Education Offering
Location: Good Samaritan Hospital
Conference Center
Topic: TBA*

Date: September 21, 2009
Time: 5:30 pm Registration
Business Meeting
6-7 pm Education Offering
Location: Good Samaritan Hospital
Conference Center
Topic: TBA*

Date: October 19, 2009
Time: 5:30 pm Registration
Business Meeting
6-7 pm Education Offering
Location: Good Samaritan Hospital
Conference Center
Topic: TBA*

Date: November 2, 2009
Time: 5:30 pm Registration
Business Meeting
6-7 pm Education Offering
Location: Good Samaritan Hospital
Conference Center
Topic: TBA*

NATIONAL DIABETES MEETINGS

**2009 American Association of Diabetes Educators
36th Annual Meeting and Exhibition**
Atlanta, GA
August 5-8, 2009

**2010 American Association of Diabetes Educators
37th Annual Meeting and Exhibition**
San Antonio, TX
August 4-7, 2010

ENDOCRINOLOGISTS MEETINGS SCHEDULED

The Ohio River Regional Chapter of the American Association of Clinical Endocrinologists (AACE) and the Kentuckiana Endocrine Club (KEC) meet on a regular basis. For a schedule of meetings, contact: Dr. Vasti Broadstone, Phone: 812-949-5700 E-mail: joslin@FMHHS.com.

GLADE DIABETES EDUCATOR MEETINGS SCHEDULED

The Greater Louisville Association of Diabetes Educators (GLADE), which covers Louisville and the surrounding area, meets the 2nd Tuesday every other month. Registration required. For meeting schedule or to register, please contact Diana Metcalf at Diana.Metcalf@nortonhealthcare.org.

The 2009 meeting dates:

January 13, 2009
March 10, 2009
May 12, 2009
July 14, 2009
September 8, 2009
November 10, 2009

Details TBA*

FREE CONTINUING EDUCATION CLASS

The Mason County Health Department, Buffalo Trace Diabetes Coalition and Meadowview Regional Medical Center will be hosting a FREE Continuing Education Class on Thursday, January 8, 2009 at Meadowview Regional Medical Center. The class is for RN's and LPN's and will start with registration at 5:30pm. A box dinner will be provided. The CEU will be from 6-8 p.m. Dr. Yancey Holmes from Ohio Valley Endocrinology will be presenting a program entitled "2009 Update on Insulin." Please call 606-564-9447 for more information or to register.

KADE DIABETES EDUCATOR MEETINGS SCHEDULED

The Kentucky Association of Diabetes Educators (KADE), which covers Lexington and Central Kentucky, meets the 3rd Tuesday of every month except summer (time & location vary). For a schedule or more information, go to <http://kadenet.org/> or contact:

Dana Graves
Phone: 859- 313-1282
E-mail: gravesdb@sjhlex.org
Or Diane Ballard DianeBallard@alltel.net

There are no KADE meetings or programs in January.

Program: Dining with KADE

Date: February 17, 2009

Time: TBA*

Location: TBA*

Program: Sleep Disorder Breathing, Type 2 Diabetes and Associated Co-morbidities

Sponsor: ResMed
Details TBA* — Members only

Date: March 17, 2009

Time: TBA*

Location: TBA*

KENTUCKY DIABETES NETWORK (KDN) MEETINGS SCHEDULED

The Kentucky Diabetes Network (KDN) is a network of public and private providers striving to improve the treatment and outcomes for Kentuckians with diabetes, to promote early diagnosis, and ultimately to prevent the onset of diabetes.

Anyone interested in improving diabetes outcomes in Kentucky may join. A membership form may be obtained at www.kentuckydiabetes.net or by calling 502-564-7996 (ask for diabetes program).

2009 KDN Meeting Dates:

March 13, 2009

June 5, 2009

September 11, 2009

November 6, 2009

Meeting times are 10:00 am—3:00 pm EST
“First-timers” should arrive by 9:30 am

TRADE DIABETES EDUCATOR MEETINGS SCHEDULED

The Tri-State Association of Diabetes Educators (TRADE), which covers Western KY/Southern IN, meets quarterly from 10– 2 pm CST with complimentary lunch and continuing education. To register, call (270) 686-7747 ext. 3019 or email Mary Tim Griffin at mary.griffin@ky.gov.

Date: January 15, 2009

Time: 10 am Registration
10:30 am—1pm Program
11:30-12 pm Lunch/Demos
1-2 pm Business Meeting

Location: Deaconess Hospital
600 Edgar Street, Evansville, IN

Topic: *Renal Disease and Diabetes*

Speakers: James Evanson, MD
Nephrology Associates
Angela Pruitt, RN, MSN
Clinical Nurse Specialist,
Julie Prinsen, RD
East Evansville Dialysis Center

Date: April 16, 2009

Time: 10 am Registration
10:30 am—1pm Program
11:30-12 pm Lunch/Demos
1-2 pm Business Meeting

Location: Western Baptist Heart Center
Atrium Classroom, 2501 Kentucky Ave.
Paducah, KY

Topic: *Diabetes and Heart Disease*

Speaker: Patrick Withrow, MD
Medical Director
Western Baptist Hospital Heart Center

Date: July 16, 2009

Time: 10 am Registration
10:30 am—1pm Program
11:30-12 pm Lunch Break
1-2 pm Business Meeting

Location: Owensboro Medical Health System
HealthPark, 1006 Ford Avenue,
Owensboro, KY

Topic: *Using the Right Tools to Help Your Diabetes Patient Quit Smoking*

Speakers: Celeste T. Worth, CHES
Tobacco Treatment Specialist
Kentucky Cancer Program
University of Louisville

Fall 2009 Workshop Details TBA*

***TBA = To Be Announced**

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Contact Information



www.diabetes.org
1-888-DIABETES

KENTUCKY ASSOCIATION
of DIABETES EDUCATORS



Bluegrass / Eastern Chapter
A Chapter of AADE

www.kadenet.org



dedicated to finding a cure
www.jdrf.org/chapters/
KY/Kentuckiana
1-866-485-9397



Tri-State Association
of Diabetes Educators

[www.aadenet.org/
AboutAADE/Chapters.html](http://www.aadenet.org/AboutAADE/Chapters.html)



www.louisvillediababetes.org



[www.aadenet.org/
AboutAADE/Chapters.html](http://www.aadenet.org/AboutAADE/Chapters.html)



KENTUCKY DIABETES NETWORK, INC.

www.kentuckydiabetes.net



www.chfs.ky.gov/dph/ach/cd/diabetes



American
Association
of Clinical
Endocrinologists

Ohio River Regional Chapter

www.aace.com

Kentuckiana Endocrine Club

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NOTE: Editor reserves the right to edit for space, clarity, and accuracy